

# **EXHIBIT A**



C O R P O R A T I O N   S E R V I C E   C O M P A N Y™

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Transmittal Number: 12406129

Date Processed: 04/11/2014

## Notice of Service of Process

**Primary Contact:** Alex Luu  
Golden State Foods  
18301 Von Karman Avenue  
Suite 1100  
Irvine, CA 92612

**Copy of transmittal only provided to:** Shirley Schaal

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<b>Entity:</b>	Golden State Foods Corp. Entity ID Number 2980017
<b>Entity Served:</b>	Golden State Foods Corporation
<b>Title of Action:</b>	Richard Clark Jr. vs. Golden State Foods Corporation
<b>Document(s) Type:</b>	Summons/Complaint
<b>Nature of Action:</b>	Wrongful Termination
<b>Court/Agency:</b>	St. Clair County Circuit Court, Illinois
<b>Case/Reference No:</b>	14-L-232
<b>Jurisdiction Served:</b>	Illinois
<b>Date Served on CSC:</b>	04/10/2014
<b>Answer or Appearance Due:</b>	30 Days
<b>Originally Served On:</b>	CSC
<b>How Served:</b>	Personal Service
<b>Sender Information:</b>	Daniel R. Price 618-532-5621

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Information contained on this transmittal form is for record keeping, notification and forwarding the attached document(s). It does not constitute a legal opinion. The recipient is responsible for interpreting the documents and taking appropriate action.

To avoid potential delay, please do not send your response to CSC  
CSC is SAS70 Type II certified for its Litigation Management System.  
2711 Centerville Road Wilmington, DE 19808 (888) 690-2882 | sop@cscinfo.com

IN THE CIRCUIT COURT FOR THE TWENTIETH JUDICIAL CIRCUIT  
ST. CLAIR COUNTY, ILLINOIS

RICHARD CLARK, JR., )  
Plaintiff, )  
v. ) No. 14-L-232  
GOLDEN STATE FOODS )  
CORPORATION, )  
Defendant. )

SUMMONS

To each Defendant:

Illinois Corporation Service Co.,  
agent for Golden State Foods Corporation  
801 Adlai Stevenson Drive  
Springfield, IL 62703

You are summoned and required to file an answer in this case, or otherwise file your appearance in the Office of the Clerk of this Court, St. Clair County Courthouse, Belleville, Illinois, within 30 days after service of this summons, not counting the day of service. IF YOU FAIL TO DO SO, A JUDGMENT OR DECREE BY DEFAULT MAY BE TAKEN AGAINST YOU FOR THE RELIEF ASKED IN THE COMPLAINT

To the officer:

This summons must be returned by the officer or other person to whom it was given for service, with indorsement of service and fees, if any, immediately after service. If service cannot be made, summons shall be returned so indorsed.

This summons may not be served later than 30 days after its date.

WITNESS

March 27, 2014

(Seal of Court)  
(Clerk of the Circuit Court)

By:

J. Sambo  
(Deputy)

Name: Daniel R. Price, Wham & Wham Attorneys  
Attorney for: Richard Clark, Jr.  
City: Centralia, IL 62801  
Telephone: 618-532-5621

SHERIFF'S FEES: Miles ..... \$ .....  
Total ..... \$ .....

Sheriff of \_\_\_\_\_ County

I certify that I served this summons on defendants as follows:

(a) - (Individual defendant - personal):

(The officer or other person making service, shall (a) identify as to sex, race and approximate age of the defendant with whom he left the summons, and (b) state the place where (whenever possible in terms of exact street address) and the date and time of the day when the summons was left with the defendant.)

(b) - (Individual defendant - abode):

By leaving a copy and a copy of the complaint at the usual place of abode of each individual defendant with a person of his family, of the age of 13 years or upwards, informing that person of the contents of the summons. (The officer or other person making service, shall (a) identify as to sex, race and approximate age of the person, other than the defendant, with whom he left the summons, and (b) state the place where (whenever possible in terms of an exact street address) and the date and time of day when the summons was left with such person.)

and also by sending a copy of the summons and of the complaint in a sealed envelop with postage fully prepaid, addressed to each individual defendant at his usual place of abode, as follows:

Name of Defendant	Mailing Address	Date of Mailing

(c) - (Corporation defendants):

By leaving a copy and a copy of the complaint with the registered agent, officer or agent of each defendant corporation, as follows:

Defendant corporation	Registered agent, officer or agent	Date of Service
_____	_____	_____
_____	_____	_____
_____	_____	_____

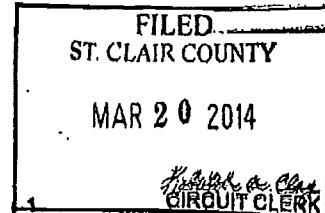
(d) - (Other service):

, Sheriff of \_\_\_\_\_ County

By: \_\_\_\_\_  
(Deputy)

IN THE CIRCUIT COURT FOR THE TWENTIETH JUDICIAL CIRCUIT  
ST. CLAIR COUNTY, ILLINOIS

RICHARD CLARK JR., )  
Plaintiff, )  
vs. ) No. 14-L-232  
GOLDEN STATE FOODS )  
CORPORATION, )  
Defendant. )



NOW COMES the plaintiff, Richard Clark Jr., by Wham & Wham, his attorneys, and for his complaint against the defendant, Golden State Foods Corporation, an Illinois corporation, states as follows:

1. The plaintiff is a resident of Washington County.
2. The defendant is a corporation doing business in St. Clair County.
3. That the plaintiff was employed by defendant commencing in approximately September 2011, pursuant to an agreement of employment under which the plaintiff agreed to perform services for defendant as a truck driver and loader. In connection with this agreement, defendant promised to compensate plaintiff and to provide various benefits.
4. Plaintiff at all times mentioned herein was in compliance with the terms and conditions of his agreement with defendant and performed all services as required.
5. In early 2013, plaintiff sustained an elbow injury and was working in defendant's truck yard because he was on light duty.

6. On February 25, 2013, plaintiff received a shock while operating a gas pump at defendant's facility in the course of filling up a tractor trailer in the yard.

7. This occurrence was witnessed by defendant's employees and there was a discussion about the danger presented by the state of the wiring of the pump and in that discussion it was brought up that this condition should be reported to OSHA because of the danger it presented.

8. Plaintiff stated that he was going to report the condition of the pump and the wiring to OSHA and defendant's safety director Mark Sanchez told him he should not do that.

9. Plaintiff also reported this condition to the defendant's transportation supervisor who told plaintiff to live with it and just do his job.

10. Plaintiff thereafter filled out an OSHA form titled Notice of Alleged Safety or Health Hazards, reporting this condition, a copy of which is attached hereto as Exhibit A.

11. Thereafter, while plaintiff's employment continued, defendant, through his agents and employees, embarked upon a course of conduct generally harassing plaintiff, attempting to provoke him, making his job more difficult. This course of conduct included singling out plaintiff's work performance and harassing plaintiff when others similarly situated were not harassed.

12. Defendant's conduct as aforesaid caused plaintiff great stress, both physical and emotional.

13. In august of 2013, plaintiff suffered a cardiac event that required medical evaluation and caused him to be on short-term disability until September of 2013.

14. Eventually, in late September, plaintiff was cleared to return to work by his own physician and by defendant's physician such that, he was cleared for Department of Transportation purposes to drive a commercial motor vehicle in the course of his employment.

15. Pursuant to defendant's direction plaintiff reported to work on September 20, 2013 but was not allowed to work even though plaintiff had obtained clearance from all physicians and was told, without probable cause or justification, by defendant's agents and employees that he was "high risk" and was not allowed to return to his employment.

16. At that time and place, plaintiff was told that his employment was terminated, his uniforms were collected and he was told not to come back upon defendant's property.

17. By letter of September 23, 2013, plaintiff was advised that OSHA had sent a letter to defendant requesting action be taken to correct the hazardous pump and wiring, copy of said letter is attached as Exhibit B.

17. Defendant thereafter advised OSHA on or about September 25, 2013 that the dangerous condition had been corrected, copy of said letter is attached as Exhibit C and incorporated herein.

18. Thereafter, on September 30, 2013, plaintiff received a letter in the mail from defendant's Human Resources supervisor dated September 19, 2013 which stated falsely that plaintiff was terminated

for falsification of medical documentation, a copy of which is attached as Exhibit D.

19. Plaintiff did not falsify any documentation and defendant's articulated reason for discharge was nothing but a false pretext.

20. Plaintiff's termination constitutes as a retaliatory discharge and plaintiff was wrongfully terminated in retaliation for reporting to OSHA the dangerous condition alleged herein.

21. That plaintiff's termination is in violation of the Public Policy of the State of Illinois.

22. That as a direct and proximate result of defendant's wrongful conduct, plaintiff has been caused to suffer great emotional distress, humiliation, has lost wages, benefits and all of said losses are ongoing and will continue into the future.

23. That the acts of defendant as aforesaid were malicious and oppressive and in order to deter defendant from future conduct of such nature, plaintiff claims, in addition to compensatory damages, that punitive damages be awarded to plaintiff.

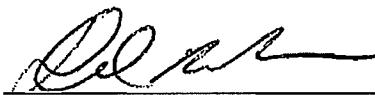
WHEREFORE, plaintiff demands judgment against the defendant and in favor of the plaintiff in a sum in excess of \$50,000.00.

WHAM & WHAM ATTORNEYS  
212 East Broadway, P.O. Box 549  
Centralia, Illinois 62801  
(618) 532-5621  
Attorneys for Plaintiff,  
Richard Clark Jr.

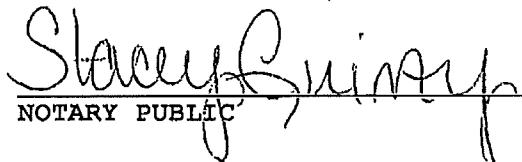
By:   
Daniel R. Price IL #6188928

AFFIDAVIT PURSUANT TO RULE 222(b)

The undersigned attorney for the plaintiff, Richard Clark, Jr., being duly sworn, on oath, deposes and states the total of money damages sought in this matter exceeds \$50,000.00.

  
\_\_\_\_\_  
Daniel R. Price

SUBSCRIBED and SWORN to before me this 18<sup>th</sup> day of March,  
2014.

  
\_\_\_\_\_  
NOTARY PUBLIC



U. S. Department of Labor  
Occupational Safety and Health Administration

Notice of Alleged Safety or Health Hazards

		Complaint Number		
Establishment Name	(X) Leinen Steier Inc.			
Site Address	720 West McAllister, Lebanon, PA 17042			
	Site Phone	618-537-6324	Site FAX	618-537-6117
Mailing Address				
	Mail Phone		Mail FAX	
Management Official				Telephone
Type of Business				

**HAZARD DESCRIPTION/LOCATION:** Describe briefly the hazard(s) which you believe exist. Include the approximate number of employees exposed to or threatened by each hazard. Specify the particular building or worksite where the alleged violation exists.

On 2/25/13 I was shocked by a switch on a pole next to the fuel pump at that location water was coming down the pole when I reached for tools out the lights down which I got shocked my arm & fingers got numbed a little bit 2 people witnessed this mark & Erik. Erik told me that I should call someone about this mark also he said this went in side and took shock at the end of my shift I went to talk to Steve Atkins about what happened he told me just live it and just do my job

Has this condition been brought to the attention of:	<input checked="" type="checkbox"/> Employer <input type="checkbox"/> Other Government Agency(specify)		
Please Indicate Your Desire:	<input type="checkbox"/> Do NOT reveal my name to my Employer <input checked="" type="checkbox"/> My name may be revealed to the Employer		
The Undersigned believes that a violation of an Occupational Safety or Health standard exists which is a job safety or health hazard at the establishment named on this form.	(Mark "X" in ONE box)  <input type="checkbox"/> Employee <input type="checkbox"/> Federal Safety and Health Committee <input type="checkbox"/> Representative of Employees <input type="checkbox"/> Other (specify)		
Complainant Name	Richard P. Clarke Jr.	Telephone	618-485-6425
Address(Street,City,State,Zip)	PO Box 155 / 61 South 2nd St. Ashley IL		
Signature	Richard P. Clarke Jr.	Date	2/25/13
If you are an authorized representative of employees affected by this complaint, please state the name of the organization that you represent and your title:			
(Organization Name: Your Title: Truck Driver / Unhauled)			



U. S. Department of Labor  
Occupational Safety and Health Administration

**Notice of Alleged Safety or Health Hazards**

**For the General Public:**

This form is provided for the assistance of any complainant and is not intended to constitute the exclusive means by which a complaint may be registered with the U.S. Department of Labor.

See 8(f)(1) of the Williams-Steiger Occupational Safety and Health Act, 29 U.S.C. 651, provides as follows: Any employee or representative of employees who believe that a violation of a safety or health standard exists, that threatens physical harm, or that an imminent danger exists, may request an inspection by giving notice to the Secretary or his authorized representative of such violation or danger. Any such notice shall be reduced to writing, shall set forth with reasonable particularity the grounds for the notice, and shall be signed by the employee or representative of employees, and a copy shall be provided the employer or his agent no later than at the time of inspection, except that, upon request of the person giving such notice, his name and the names of individual employees referred to therein shall not appear in such copy or on any record published, released, or made available pursuant to subsection (g) of this section. If upon receipt of such notification the Secretary determines there are reasonable grounds to believe that such violation or danger exists, he shall make a special inspection in accordance with the provisions of this section as soon as practicable to determine if such violation or danger exists. If the Secretary determines there are no reasonable grounds to believe that a violation or danger exists, he shall notify the employees or representative of the employees in writing of such determination.

NOTE: Section 11(e) of the Act provides explicit protection for employees exercising their rights, including making safety and health complaints.

**For Federal Employees:**

This report format is provided to assist Federal employees or authorized representatives in registering a report of unsafe or unhealthful working conditions with the U.S. Department of Labor.

The Secretary of Labor may conduct unannounced inspection of agency workplaces when deemed necessary if an agency does not have occupational safety and health committees established in accordance with Subpart F, 29 CFR 1960; or in response to the reports of unsafe or unhealthful working conditions upon request of such agency committees under Sec. 1-3, Executive Order 12196; or in the case of a report of imminent danger when such a committee has not responded to the report as required in Sec. 1-201(h).

**INSTRUCTIONS:**

Open the form and complete the front page as accurately and completely as possible. Describe each hazard you think exists in as much detail as you can. If the hazards described in your complaint are not all in the same area, please identify where each hazard can be found at the worksite. If there is any particular evidence that supports your suspicion that a hazard exists (for instance, a recent accident or physical symptoms of employees at your site) include the information in your description. If you need more space than is provided on the form, continue on any other sheet of paper.

After you have completed the form, return it to your local OSHA office.

**NOTE:** It is unlawful to make any false statement, representation or certification in any document filed pursuant to the Occupational Safety and Health Act of 1970. Violations can be punished by a fine of not more than \$10,000, or by imprisonment of not more than six months, or by both. (Section 17(g))

Public reporting burden for this voluntary collection of information is estimated to vary from 15 to 25 minutes per response, with an average of 17 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An Agency may not conduct or sponsor, and persons are not required to respond to the collection of information unless it displays a valid OMB Control Number. Send comment regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the Directorate of Enforcement Programs, Department of Labor, Room N-3119, 200 Constitution Ave., NW, Washington, DC 20210.

OMB Approval# 1218-0061; Expires: 05/31/2014

Do not send the completed form to this Office.

**U.S. Department of Labor**

Occupational Safety and Health Administration  
Fairview Heights District Office  
11 Executive Drive, Suite 11  
Fairview Heights, IL 62208-1357  
(618) 632-8612  
FAX: (618) 632-5712



September 23, 2013

Richard Clark  
P.O. Box 155  
Ashley, IL 62808

Dear Mr. Clark:

In response to your non-formal complaint of health hazards at:

720 West McAllister  
Lebanon, IL 62254

the Occupational Safety and Health Administration (OSHA) has sent a letter to the employer requesting that the appropriate action be taken to correct the situation. Enclosed is a copy of that letter for your information. As the letter indicates, the employer has been given five (5) days to correct the hazards.

Please notify this office if no correction has been made within five (5) days. We have not revealed your identity to the employer. When we receive additional information from the employer, we will notify you of his response.

Section 11(c) of the OSH Act provides protection for employees against discrimination because of their involvement in protected safety and health related activity. If you believe you are being treated differently or action is being taken against you because of your safety or health activity, you may file a complaint with OSHA. You should file this complaint as soon as possible, since OSHA normally can accept only those complaints filed within 30 days of the time you learn of the alleged discriminatory action.

Your continued interest in workplace safety and health is appreciated.

Sincerely,

*Kacey Camer*  
for Thomas P. Bielema  
Area Director

*gsf*

720 W. McAllister Lebanon, IL 62254

September 25, 2013

Mr. Kacey Cramer  
OSHA, Fairview Heights District Office  
11 Executive Drive, Suite 11  
Fairview Heights, IL 62208-1357

Re: Complaint 854201

Dear Mr. Cramer,

After your call, and upon review of the area, representatives from MC Electric came to our facility. They installed 2 GFI receptacles; extended the ground wiring from the main building and installed a ground rod. The work on this project was finished up this morning, Wednesday, September 25, 2013.

I have attached pictures of the completed work as well as the billing statement from MC Electric for your review.

Should you need any additional information, please do not hesitate to contact me at the number below.

Sincerely,

*Krista R. Miller*

Krista R. Miller  
Sr. Human Resources Supv.  
618-537-3070 (Direct Line)  
618-537-6119 (Confidential Fax)





*720 W. McAllister Lebanon, IL 62254*

September 19, 2013

Mr. Richard D. Clark, Jr.  
61 South 3<sup>rd</sup> Street  
Ashley, IL 62808

Re: Termination

Dear Rich,

On September 11, 2013, you supplied the company with documentation surrounding your absence from work for a personal injury. Upon review of the documentation, we identified that one of the notes from your doctor's office had been altered. We confirmed this fact with the doctor's office.

After the completion of our investigation, we are terminating your employment for falsification of medical documentation.

Any monies due to you will be paid out on the next payroll run which is September 26<sup>th</sup>. Information on how to continue your medical benefits will come to you from our Cobra Administrator, Cobra Guard.

Should you need assistance, please feel free to contact me during business hours at the number below.

Sincerely,

A handwritten signature in black ink that reads "Krista R. Miller". The signature is fluid and cursive, with "Krista" on the first line and "R. Miller" on the second line.

Krista R. Miller  
Sr. H. R. Supervisor

cc: Employee File

